



Maine Department of Health and Human Services
Center for Disease Control and Prevention *
Sexually Transmitted Disease Case Report
For information and epidemiologic assistance call: 287-2046
FAX this completed form to Ann Wheeler at 287-3498

Patient's Name		Phone	Date of Report	
Address			DOB	
City or Town		State	Zip	Sex ____ Male ____ Female
Race (check all that apply) ____ White ____ Black/Af Am ____ Am Ind/Ala Nat ____ Asian ____ Nat Haw/Pac Islander ____ Two or more races ____ Some other race		Disease (check all that apply) ____ Gonorrhea ____ Chlamydia ____ Chancroid ____ Syphilis (check stage) Primary ____ Secondary ____ Early Latent ____ Late Latent ____ ____ Other		Marital Status ____ Single ____ Married ____ Separated ____ Divorced ____ Domestic Partner ____ Widowed
Ethnicity ____ Hispanic/Latino ____ Non-Hispanic/Latino		Check if you need: ____ Health Department Assistance		
Reporting Physician			Report Completed by:	
Address			Phone	
Reason for Exam (check all that apply) ____ Pre-natal If yes, how many weeks pregnant? ____ ____ Routine Screen ____ Contact ____ Symptomatic If yes, how long?			Treatment Was Patient Treated for Infection(s) ____ Yes ____ No	
Lab Name _____ Lab Phone _____				
Date	Type of Test (Serology, Urine, DNA Probe)	Results	Medication Used and Amount	Date

Partner Information (if known)				
Name		Phone	DOB	
Address		Race (check all that apply) ____ White ____ Black Af/Am ____ Asian ____ Am Ind/Ala Nat ____ Nat Haw/Pac Isl ____ Two or more races ____ Some other race		
City or Town		State	Zip	Ethnicity ____ Hispanic/Latino ____ Non-Hispanic/Latino
Partner was : Tested ____ Yes ____ No				
Partner was : Treated ____ Yes ____ No				
Date	Type of Test (Serology, Urine, DNA Probe)	Results	Medication Used and Amount	Date

* For Information on Reportable Condition Categories, please call (800) 821-5821

* Complete Rules For The Control Of Notifiable Conditions

<http://www.maine.gov/dhhs/boh/ddc/NotifiableDiseaseReportForm.doc>

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